

1	Unified Rate Review v2.0.4																													
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3	Company Legal Name:		Kentucky Health Cooperative, State:										KY																	
4	HIOS Issuer ID:		77894										Market:		Individual															
5	Effective Date of Rate Change(s): 1/1/2016																													
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7																														
8	Market Level Calculations (Same for all Plans)																													
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11	Section I: Experience period data																													
12	Experience Period:		1/1/2014		to		12/31/2014																							
13			Experience Period		Aggregate Amount		PMPM		% of Prem																					
14	Premiums (net of MLR Rebate) in Experience Period:		\$173,213,617		\$295.52		100.00%																							
15	Incurred Claims in Experience Period		\$272,591,636		465.07		157.37%																							
16	Allowed Claims:		\$349,426,045		596.16		201.73%																							
17	Index Rate of Experience Period				\$596.00																									
18	Experience Period Member Months		586,125																											
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20	Section II: Allowed Claims, PMPM basis																													
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24	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM	
25	Inpatient Hospital		Days		441.69		\$3,437.66		\$126.53		0.834		0.839		1.058		1.005		372.06		\$3,226.57		\$100.04		1.00		\$0.00		\$0.00	
26	Outpatient Hospital		Services		3,477.87		848.16		245.82		0.834		0.839		1.070		1.020		3,017.77		815.01		204.96		1.00		0.00		0.00	
27	Professional		Visits		18,643.21		84.93		131.94		0.834		0.839		1.055		1.015		16,018.58		79.34		105.90		1.00		0.00		0.00	
28	Other Medical		Other		447.80		246.80		9.21		0.834		0.839		1.055		1.015		384.76		230.55		7.39		1.00		0.00		0.00	
29	Capitation		Benefit Period		1.00		0.00		0.00		1.000		1.000		1.000		1.000		1.00		0.00		0.00		1.00		0.00		0.00	
30	Prescription Drug		Prescriptions		7,915.89		125.31		82.66		0.834		0.839		1.074		1.020		6,868.65		121.41		69.49		1.00		0.00		0.00	
31	Total								\$596.16														\$487.79						\$0.00	
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33	Section III: Projected Experience:																													
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49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																													
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Product-Plan Data Collection

Company Legal Name: Kentucky Health Cooperative, Inc.
 HIOS Issuer ID: 77894
 Effective Date of Rate Change(s): 1/1/2016

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	KYHC Individual PPO					KYHC MSP Individual PPO		Terminated Product
Product ID:	77894KY001					77894KY020		77894KY001
Metal:	Gold	Silver	Bronze	Catastrophic	Silver	Gold	Silver	Platinum
AV Metal Value	0.790	0.689	0.620	0.568	0.689	0.815	0.719	0.880
AV Pricing Value	0.974	0.802	0.655	0.520	0.782	1.050	0.854	0.010
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	KY Health Cooperative Gold	KY Health Cooperative Silver	KY Health Cooperative Bronze	KY Health Cooperative High Deductible	KY Health Cooperative Conversion SG	KYHCMultiStatePlanIND Gold	KYHCMultiStatePlanIND Silver	KY Health Cooperative Platinum
Plan ID (Standard Component ID):	77894KY0010002	77894KY0010003	77894KY0010004	77894KY0010005	77894KY0010006	77894KY0200001	77894KY0200002	77894KY0010001
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Historical Rate Increase - Calendar Year - 2	0.00%					0.00%		0.00%
Historical Rate Increase - Calendar Year - 1	0.00%					0.00%		0.00%
Historical Rate Increase - Calendar Year 0	20.00%					0.00%		23.55%
Effective Date of Proposed Rates	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)	23.05%	25.30%	30.92%	30.24%	3.11%	18.94%	20.63%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	23.05%	25.30%	30.92%	30.24%	3.11%	18.94%	20.63%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	83.21%	70.95%	72.57%	73.97%	14.51%	0.00%	0.00%	-100.00%
Product Threshold Rate Increase %	25.10%					19.85%		0.00%

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	77894KY0010002	77894KY0010003	77894KY0010004	77894KY0010005	77894KY0010006	77894KY0200001	77894KY0200002	77894KY0010001
Inpatient	\$14.47	\$24.01	\$21.63	\$20.00	\$10.83	\$4.31	\$23.01	\$19.56	\$0.00
Outpatient	\$25.23	\$41.86	\$37.72	\$34.87	\$18.88	\$8.38	\$40.12	\$34.10	\$0.00
Professional	\$11.72	\$19.44	\$17.52	\$16.20	\$8.77	\$4.50	\$18.64	\$15.84	\$0.00
Prescription Drug	\$8.49	\$14.08	\$12.69	\$11.73	\$6.35	\$4.32	\$13.49	\$11.47	\$0.00
Other	\$0.80	\$1.33	\$1.20	\$1.11	\$0.60	\$0.31	\$1.28	\$1.08	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	-\$0.52	\$0.10	-\$1.35	\$0.05	-\$4.46	-\$11.27	-\$1.51	-\$2.85	\$0.00
Taxes & Fees	\$0.52	\$0.85	\$0.77	\$0.79	\$0.27	-\$0.64	\$0.69	\$0.61	\$0.00
Risk & Profit Charge	-\$9.05	-\$15.36	-\$13.55	-\$11.54	-\$6.70	\$1.56	-\$16.58	-\$10.70	\$0.00
Total Rate Increase	\$51.65	\$86.31	\$76.63	\$73.21	\$34.54	\$11.47	\$79.14	\$69.11	\$0.00
Member Cost Share Increase	\$8.23	\$6.45	\$15.44	\$12.55	\$23.45	-\$8.79	\$8.08	\$11.96	\$0.00

Average Current Rate PMPM	\$310.60	\$374.36	\$302.90	\$236.75	\$114.25	\$368.79	\$417.74	\$334.99	\$534.92
Projected Member Months	527,567	174,464	257,378	78,655	16,990	1	32	47	0

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	77894KY0010002	77894KY0010003	77894KY0010004	77894KY0010005	77894KY0010006	77894KY0200001	77894KY0200002	77894KY0010001
Plan Adjusted Index Rate	\$243.91	\$241.70	\$213.42	\$172.65	\$135.99	\$331.44	\$0.00	\$0.00	\$295.91

Member Months	586,126	111,259	227,393	43,272	2,234	0	0	0	201,968
Total Premium (TP)	\$142,959,084	\$26,890,890	\$48,529,210	\$7,471,038	\$303,804	\$0	\$0	\$0	\$59,764,141
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$349,426,045	\$53,212,830	\$117,520,993	\$9,718,568	\$254,338	\$0	\$0	\$0	\$168,719,316
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$76,834,409	\$12,241,097	\$37,757,832	\$3,757,130	\$178,406	\$0	\$0	\$0	\$22,899,944
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$15,550,540	\$101,891	\$15,411,339	\$37,310	\$0	\$0	\$0	\$0	
Portion of above payable by HHS on behalf of insured person, as %	20.24%	0.83%	40.82%	0.99%	0.00%				
Total Incurred claims, payable with issuer funds	\$272,591,636	\$40,971,733	\$79,763,161	\$5,961,438	\$75,931	\$0	\$0	\$0	\$145,819,372
Net Amt of Rein	\$38,510,464.84	\$5,666,694.86	\$10,975,158.41	\$682,322.98	-\$142.32	\$0.00	\$0.00	\$0.00	\$21,186,430.91
Net Amt of Risk Adj	-\$48,843.75	-\$9,271.57	-\$18,949.43	-\$3,605.98	-\$186.14	\$0.00	\$0.00	\$0.00	-\$16,830.63
Incurred Claims PMPM	\$465.07	\$368.26	\$350.77	\$137.77	\$33.99	\$0.00	\$0.00	\$0.00	\$721.99
Allowed Claims PMPM	\$596.16	\$478.28	\$516.82	\$224.59	\$113.85	\$0.00	\$0.00	\$0.00	\$835.38
EHB portion of Allowed Claims, PMPM	\$596.16	\$478.28	\$516.82	\$224.59	\$113.85	\$0.00	\$0.00	\$0.00	\$835.38

ction IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	77894KY0010002	77894KY0010003	77894KY0010004	77894KY0010005	77894KY0010006	77894KY0200001	77894KY0200002	77894KY0010001
Plan Adjusted Index Rate	\$376.53	\$442.81	\$364.83	\$297.95	\$236.59	\$379.54	\$477.62	\$388.44	\$0.00
Member Months	527,567	174,464	257,378	78,655	16,990	1	32	47	-
Total Premium (TP)	\$198,642,461	\$77,254,404	\$93,899,216	\$23,435,257	\$4,019,664	\$380	\$15,284	\$18,257	\$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$257,341,828	\$90,404,756	\$127,521,780	\$35,324,765	\$4,048,959	\$475	\$17,550	\$23,544	\$0
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$83,054,824	\$17,776,536	\$48,985,073	\$14,454,938	\$1,826,673	\$153	\$3,237	\$8,214	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$17,475,154	\$4,282	\$17,449,021	\$19,025	\$0	\$0	\$1	\$2,825	\$0
Portion of above payable by HHS on behalf of insured person, as %	21.04%	0.02%	35.62%	0.13%	0.00%	0.00%	0.02%	34.39%	0.00%
Total Incurred claims, payable with issuer funds	\$174,287,004	\$72,628,220	\$78,536,706	\$20,869,827	\$2,222,286	\$323	\$14,312	\$15,330	\$0
Net Amt of Rein	\$9,498,957	\$3,377,964	\$4,991,393	\$1,083,259	\$44,681	-\$2	\$686	\$976	\$0
Net Amt of Risk Adj	\$3,153,638	-\$2,711,269	\$5,553,136	\$278,253	\$33,002	\$0	-\$497	\$1,014	\$0

State: **KY**
Market: **Individual**



